

there was a vast number of engravings and etchings by various well known artists—Hogarth, Hollar, Albert Dürer, Siivestre, Vertue, Houbraiken, Faithorne, Rembrandt, Callot, Nanteuil, and others. The number of these may be imagined when we read that of Hollar there were no fewer than 1,173 etchings sold in the sales of the fourteen nights. Besides many engravings after the old Masters, there were drawings by them in large numbers—Vesalius's original anatomical drawings, drawings by Raphael, Titian, Michael Angelo, Andrea del Sarto, and most of the principal painters of the preceding age. The sale of this collection brought £1,908.

The next to be sold was a wonderful assemblage of coins and medals. The catalogue fills 209 pages of an octavo volume, and all the Greek and Roman coins, copper as well as gold and silver, are fully described, obverse and reverse, in Latin, so that a lot of 35 coins required two entire pages for its description. The two first days were devoted to the sale of gold coins of Greece and Rome, numbering altogether some 252, of which 18 only were Greek, the rest being chiefly coins of the Roman emperors. Though the Greek gold coins were few, there was a long series of silver of all the cities of Greece, Magna Grecia, and Asia Minor, silver coins of the Roman emperors and Roman Familæ, and many medals of the Roman emperors and copper coins in large numbers.

The catalogue of the British coins was in English, and illustrates largely, though not completely, the coinage of the realm. It commenced with 8 British gold coins, a few silver and a considerable number of Saxon pennies. There were 138 specimens of English gold coins, but we do not find Henry II's gold penny, the series beginning with Edward III's noble. Thence the gold coins of each reign were represented, with the exception of those of Henry IV and Edward V. Many are of great rarity and value, as the treble sovereign of Edward VI, the rose rial and spur rial of James I, the three pound piece of Charles I, and "an exquisite fine fifty shilling piece of Oliver Protector." There were five-guinea pieces of Charles II, James II, William and Mary, Anne, George I and George II, and Simon's petition crown, which even then fetched £12. There was also a large number of medals recording events of historical interest, coronations and the like, among them 34 of gold. The Blake medal sold for £21. A series of Scottish coins included about 23 of gold, among them the rose noble or rial of James VI. The amount realised by the coins and medals was £1,977 17s.

This sale was followed by one which comprised a collection of various objects and is called in the catalogue "Musei Meadiani pars altera," said to contain "Monumenta Veteris Aevi ac Gemmas cum aliis quibusdam artis recentioris et naturæ operibus." There were curios in an extraordinary medley. Egyptian antiquities, including a mummy and its coffin, Greek and Roman statues and busts, reliefs, statuettes of silver and bronze, sepulchral urns and stones, antique paintings, tessellated pavements, a large number of gems, camei and intagli, ivory carvings, miniatures by Isaac and Peter Oliver, Cooper, Petitot, Rottenhamer and others, and besides all these there was a series of natural objects, animals in spirits, fossils which would now be termed minerals, and mathematical instruments, microscopes, telescopes, thermometers, etc. The mummy fetched £13 13s. and was bought by Hunter, possibly Dr. William; a bronze head of Homer went for £136 10s., and a marble Antinous for £241 10s.

What became of all these things, coins, medals, gems and statues, is a question which must occur to those who read the catalogues. Few are likely to have been destroyed. Are they in the British Museum or in other collections of the present day? None appear in the list of objects belonging to the College of Physicians, to which Mead gave a bust of Harvey, but nothing more. The same remark applies to the pictures which were sold in the first of the sales and fetched the largest sum of all after the books, namely, £3,417 11s.; as in number they were only about 150, they must have been looked upon as of considerable value even so far back as 1775. Where is now the portrait of Erasmus by Holbein, which was sent as a present to Sir Thomas More and was in the Arundel collection? It sold for £110 5s. A portrait of Vesalius by Titian brought £33, one of the Earl of Arundel by Rubens, £36 15s.; Two Lion's Heads, by Rubens, £36 15s.; the Picture Gallery at Brussels by Teniers, £37 10s.; a portrait of Harvey by Bemmell, £42, and a Watteau, £42. In contrast to

the prices of the present day a Holy Family by Carlo Maratti fetched £183 15s. There were also portraits of Sir Theodore Mayerne by Rubens, of Rembrandt by himself, of Franz Hals by himself, of Oliver Cromwell by Walker, of John Locke by Sir Godfrey Kneller, of Edmund Halley, John Radcliffe, Sir Isaac Newton, Alexander Pope, Thomas Coram, Jonathan Swift, and others. There were landscapes by Claude, Gaspar Poussin, Paul Brill, Breughel, Rembrandt, Salvator Rosa, and Van der Velde; architectural pictures by Steenwyck, Nicolas Poussin, Canaletti, and others; pictures of flowers and fruit, of animals by Rubens and Hondicoeter, and historical and sacred subjects by Giulio Romano, Palma Vecchio, Paul Veronese, Baroccio, Annibal Caracci, Spagnoletto, Watteau, who painted two pictures for Dr. Mead, Gerard Dow, and others. And there were three heads out of three different cartoons, part of the set painted by Raphael, seven of which we have long had with us.

The proceeds of the sales of the different collections amounted to £16,047 12s. What they cost Dr. Mead none can tell. Probably much more, for he was too busy a man to hunt for such things himself, and being munificent and magnificent, must have bought them as they were brought to him and given the price demanded. We read in the *Gold-headed Cane* that he did not die so rich as might have been expected. The amount he left, including the receipts from the collections, was about £50,000. After his death it was said of him that of all physicians who had ever flourished he gained the most, spent the most, and enjoyed the highest fame during his lifetime, not only in his own but in foreign countries.

G. FIELDING BLANDFORD.

DEATH CERTIFICATION,

DEFECTS OF THE PRESENT SYSTEM AND SUGGESTIONS FOR THEIR REMEDY.

I.

THE movement in favour of securing by legislation a more efficient system of death certification—a reform the necessity for which has been urged again and again in these columns—has been gathering strength with increasing rapidity of late. Numerous letters, speeches, and articles attest the growing interest in the subject. Even in the last session of the old Parliament sanguine reformers hoped that something might be done before its dissolution. Now that we have a new Parliament with a Government majority of overwhelming strength, and apparently a long life before it, it is, perhaps, not too sanguine to expect that the new President of the Local Government Board will make a serious effort to remove at least the most glaring defects of a system which has been pronounced, on the very highest authority, to be "dangerously defective."

INTERESTS OF THE MEDICAL PROFESSION.

The moment is therefore opportune for all who are interested in the matter to consider what is needed in the interests of the public and of the medical profession. All medical practitioners are profoundly interested in this matter over and above the interest which it must have for all men who ever think of the facilities which the present law and system of administration afford to persons of criminal intent. For the existing law imposes on the medical profession heavy responsibilities and burdensome duties enforced rather by penalties than by rewards, and it is quite possible that attempts will be made to enforce new duties by new penalties and to leave the reward of services done to the State to the doctor's consciousness of virtue. We must see to it that this injustice shall not be. By all means let us accept all reasonable responsibilities as becomes our profession, and all duties for which we are specially fitted. But at least for any services which the State makes compulsory upon us as medical men we must demand and obtain recognition from the State to which they are rendered, and adequate remuneration for the time and energy expended on them.

We urge medical practitioners, in their own interests as well as in the larger interests of the community, to study the whole question, to consider what should be the aim of a perfect system of registration, how far our present system fails, how its defects can be remedied, and how proposed remedies will work in practice.

CREMATION AND THE EXISTING LAW.

The existing law is mainly contained in the Births and Deaths Registration Act, 1874 (37 and 38 Vict., cap. 88), but some other statutes must be consulted for particular contingencies, for example, the Coroners Act, 1887.

It is owing largely to the earnestness of the Cremation Society, founded by Sir Henry Thompson in 1874, that the inefficiency of this law has been exposed. One of the most obvious objections urged against cremation was that it destroyed all evidence which might otherwise be derived from exhumation in cases in which suspicions of poisoning or other forms of foul play were aroused after burial. An efficient system of death certification would have reduced this danger to insignificance. Speaking at the general meeting of the Cremation Society last year Sir H. Thompson said:

It was then (1885) known to many, and has now been declared on the highest authority, that the system adopted at the present day for the entire United Kingdom offers large facilities for the exercise of criminal poisoning. It was the existence of this formidable defect which led to a strong conviction on the part of the Council that their primary duty was to agitate for the reform of this system. Accordingly they agreed about 1891-92 to devote their time and energy henceforth to this task.

THE SELECT COMMITTEE OF 1893.

In January, 1893, a deputation, headed by Sir Henry Thompson, had an interview with Mr. Asquith, the then Home Secretary, who, recognising the importance of the matter, appointed a Select Committee of the House of Commons in the next session (1893)

"To inquire into the sufficiency of the existing law as to the disposal of the dead, for securing an accurate record of the causes of death in all cases, and especially for detecting them when death may have been due to poison, violence, or criminal neglect."

This Committee, presided over by Sir Walter Foster, M.P., then Parliamentary Secretary of the Local Government Board, took a great deal of valuable evidence, and the exhaustive report and recommendations drawn up by it have formed the basis of all serious discussions on the subject of death certification since then.

But nothing whatever has been done to carry out these recommendations made seven years ago, although two Ministries have expressed their approval of them. The law remains exactly as it was a quarter of a century ago. The Select Committee laid down that "it should be made impossible for any person to disappear from his place in the community without any satisfactory evidence being obtained of the cause of his disappearance;" and with deliberate emphasis, the earnestness of which is unmistakable, the Report continues:

Your Committee, fortified with the weighty opinions of the witnesses who have appeared before them, have arrived at the conclusion that un-certified deaths should, as a class, cease to exist, and that means should be devised whereby a medical certificate should be obtained in every case not certified by a registered medical practitioner in attendance.

"UNCERTIFIED DEATHS."

Yet in the latest returns—those of the Registrar-General for 1898—we find over 10,000 "uncertified" deaths. It is true that the number has been diminishing every year, and the percentage of "uncertified" deaths has fallen from 4.85 in the year 1878 to 1.89 in 1898; but although this continued diminution is satisfactory in itself, we have still to face the ugly fact that no fewer than 10,000 "disappearances from their place in the community" were registered last year on no other information than that of the so-called "qualified informant," concerning which the Report remarks:

Your Committee are convinced that a system which permits registration to take place upon information so obtained cannot be other than dangerously defective.

The decrease in the number of uncertified deaths is largely due, we readily admit, to greater strictness in the interpretation of their obligations by the registrars throughout the kingdom. But it was rather a shock to our confidence in these officials to find from the case of "Dr." Haworth, reported in the BRITISH MEDICAL JOURNAL only a few weeks ago, that in an important place like Dewsbury the registrar appears to have four times in the last year accepted as sufficient for registration purposes a "certificate" of the cause of death given by an unregistered practitioner vaguely describing himself as

"M.D.(Canada)." It is satisfactory to note that this particular registrar will no longer accept these particular "certificates," which are not in fact medical certificates within the meaning of the Acts of Parliament.

Unfortunately this is no isolated case. A very considerable number of instances have come to light, and no doubt many more could be supplied by coroners, in which registrars have interpreted in a dangerously lax fashion the instructions of the Registrar-General as to referring cases to the coroner—the only alternative to registering without further investigation.

THE POWERLESSNESS OF THE REGISTRAR-GENERAL.

On this point the correspondence which took place in June, 1899, between the President of the General Medical Council and the Registrar-General is very instructive, not only because it supplies some interesting instances, on official authority, of the granting of documents purporting to be death certificates by unregistered persons, but also because it shows what action the General Medical Council have taken, and what is (or was) the attitude of the Registrar-General in this matter.

The subject was referred to at the autumn session of the General Medical Council in 1899 by the President, who said that he had had the following correspondence with the Registrar-General:

"(a) Letter from the President to the Registrar-General, Sir Brydges P. Henniker, Bart.

"June 7th, 1899.

"SIR,—On December 3rd, 1896, the late Sir Richard Quain, my predecessor in Office as President of the General Medical Council, called your attention to a Declaration made by Mr. Joseph Elliott, Registrar of Deaths at Hetton-le-Hole, in the County of Durham, and to certain lists of Certificates, signed by various persons in the district, and not by Registered Medical Practitioners.

"At the same time he enclosed a Resolution of the General Medical Council, and documents to which reference was made in the Resolution.

"In reply to this communication, Sir Richard Quain received a letter from the Chief Clerk of the General Register Office, dated December 8th, 1896, in which it was stated that the Registrar-General did not consider the Registrar's Declaration by any means as clearly expressed as it might have been, but that it pointed to no irregularity of practice which it was in the power of his Office to prevent, the deaths being recorded by the Registrar, who took the statement produced from the attendant as 'Information,' and not as a Medical Certification of the cause of death.

"Since the termination of that correspondence official communications have been made to the General Medical Council from time to time on the subject of Death Certification. On February 21st, 1898, the Executive Committee had before it papers forwarded by the Home Secretary, consisting of original documents from the National Society for the Prevention of Cruelty to Children, transmitting particulars supplied by their local Agent in Cornwall in the cases of two children, named respectively Ethel Scovoran and Thomas Henry Collins, in regard to whom inquests were held at which it was disclosed that the deaths were registered without being medically certified to the local Registrar. In regard to these cases two letters addressed to the Home Secretary by Mr. E. L. Carlyon, Coroner for Cornwall, were also before the Executive Committee. In one of these letters Mr. Carlyon stated that he had received information that the practice of granting Certificates by Chemists was not uncommon in some parts of Cornwall, and that owing to the local Registrar accepting such Certificates, deaths were registered without any further inquiry when an inquiry into the circumstances in connection with the cause of death would appear to have been called for. In replying to the communications received from the Home Office, the Executive Committee of the General Medical Council directed their Registrar to express their opinion that the position of affairs disclosed in the correspondence called for the serious attention of the Authorities regulating the registration of deaths.

"On May 11th, 1898, a communication was received from Mr. J. Dudley Price, Medical Officer of the Dudley Union, in which he complained of the conduct of Mr. H. Rowton, of

"109, Hall Street, Dudley, a Registered Dentist, who is also
"a Pharmaceutical Chemist, and who had granted a Certifi-
"cate, of which the following is a copy :

MEMORANDUM.

"From H. Rowton, M.D., May 2nd, 1898.
"Dental Surgeon,
"Dudley.

"This is to certify that Edward Fische, aged 3 days, 'Died' on
May 2nd, 1898.

"The cause of 'Death'—

"'Debility from Birth,'
"Convulsion.

"H. ROWTON.

"In October, 1898, the Council's attention was again called
"to the granting of Death Certificates by one Joseph Steel,
"who was possessed of no Medical qualification, but who carried
"on a Medical practice in the County of Durham, and
"signed Death Certificates. In connection with this case a
"correspondence has already taken place between Mr. Farrer,
"the Council's Solicitor, and the Registrar-General.

"On March 15th, 1899, as President of the General Medical
"Council, I addressed a letter to the President of the Local
"Government Board, in which I requested his attention to
"the present state of the law regulating the granting of Cer-
"tificates of death, with a view to procuring amendments
"in it. In a reply, I was told that at the date of writing,
"namely, April 14th, 1899, my representations would receive
"the consideration of the Board, but that the President
"was unable to hold out any expectation that a Bill on the
"subject could be introduced during the present Session of
"Parliament.

"Since the receipt of the reply from the Local Government
"Board the Deputy Coroner for Halifax has sent to the
"Medical Council a Certificate of which the following is a
"copy :

"4, Cromwell Terrace, Gibbet Street,
"Halifax, May 4th, 1899.

"This is to certify that I attended John Robert Prentice, aged 2 years,
"and residing at Market Lane, South Oram. That I last saw him alive
"on May 3rd, 1899; that he died on May 3rd, 1899, the cause thereof being
"Varicella, Pneumonia, Cerebral Congestion, and Exhaustion.

(Signed), GEORGE PEARSON,

Unregistered Medical Practitioner.

"This Certificate is Perfectly Valid and Legal, and I expect it to pass.
"My livelihood and that of my family is being imperilled by this Perse-
"cution in Inquests, but I trust the Law will, when set in motion, accord
"me substantial compensation and damages.

"From the above statement of facts the Medical Council
"is of opinion that from the laxity permitted by the law for
"the acceptance of Certificates not medically certified, oppor-
"tunities are given for fraud and crime to be committed. It
"is also obvious that statements as to the cause of death
"made by unqualified persons must materially affect the
"accuracy of the Vital Statistics compiled by the Registrar-
"General from the Returns made to him.

"I am requested by the General Medical Council to submit
"these facts to your careful consideration, and to express the
"hope that you will bring this matter under the notice of the
"President of the Local Government Board, with a view to
"early legislation with regard to this subject, on the lines of
"the Recommendations of the Committee on Death Certifi-
"cation (September 1st, 1893).

"I am, Sir,

"Your obedient Servant,

"WM. TURNER,

"President of the General Council of Medical
"Education and Registration."

"(b) Letter from the Registrar-General.

"General Register Office, Somerset House,

"London, W.C., June 22nd, 1899.

"SIR,—I am directed by the Registrar-General to acknow-
"ledge the receipt of your letter of the 7th instant, which
"has been forwarded to him by the Local Government Board.

"I am in reply to inform you that while he cordially re-
"ciprocates the wish of the General Medical Council for
"further legislation with a view to the due certification of the
"causes of those deaths which have now to be registered
"without any certification, he has absolutely no power to
"initiate such legislation, and that the Local Government
"Board is already fully aware of his views on the subject,
"although neither the last nor the present Government have

"yet shown any real intention to take action on the Report
"issued by the Commission on Death Certification in 1893.

"I am in the meantime to point out that, in the opinion of
"the Registrar-General, much might be effected under present
"conditions by Coroners in the way of largely reducing the
"number and proportion of uncertified causes of death if
"more inquests were held respecting such cases in districts
"where the proportion of uncertified causes is large. I am
"to enclose for the information of the General Medical Coun-
"cil a copy of the last Annual Report of the Registrar-Gen-
"eral, on pages xl to xlv of which the subject of the Certifica-
"tion of the Causes of Death, and the action of Coroners with
"reference thereto, is very fully dealt with.

"I have the honour to be, Sir,

"Your obedient Servant,

"NOEL A. HUMPHREYS,

"Sir William Turner, M.B.,

"Chief Clerk.

"President of the General Medical Council."

PROPOSED DEPUTATION TO THE LOCAL GOVERNMENT BOARD.

In consequence of the unsatisfactory nature of this reply,
the Council resolved to send a deputation to the Local
Government Board, and the President, Sir Dyce Duckworth,
Dr. Glover, and Mr. Carter were appointed to be the members
of this deputation.

In his address to the Council at its meeting on May 22nd,
1900, the President stated that owing to the lamented death
of Sir Richard Thorne the communication which had been
begun on the subject had been suspended, but that he was
assured that before the next meeting of Parliament the depu-
tation appointed by the Council would be given the oppor-
tunity of stating its case to the Government.

UNREGISTERED PRACTITIONERS.

Some instructive correspondence has been published in the
Dewsbury Reporter since the facts with regard to "Dr."
Haworth's certificates were brought to light in the course of
the inquest to which reference has already been made. The
line of defence taken by "Dr." Haworth, who poses as the
champion of the liberty of the subject to choose his own
death-certifier, and by Mr. George Pearson, who protests
against the imperilling of his livelihood "by this persecution
in inquests," recalls the very instructive evidence given to
the Select Committee (of 1893) by a Mr. Walden, "President
of the Society of United Medical Herbalists of Great Britain."
Its members, numbering about 100, were, he admitted,
"frankly and openly illegal practitioners," and they had
given nearly 400 "notifications of death" in lieu of regular
medical certificates, most of which had been "accepted" by
the registrars, and only 41 of them having led to inquests.

The following dialogue between the Chairman and the
herbalist champion shows very clearly what the interest of all
irregular practitioners is in keeping the law as it is :

1858. But these certificates of yours are not accepted as medical certi-
ficates?—They are not medical certificates, but are merely a notification of
death.

1859. Which can be given by any citizen of any calling whatever. Any-
one present, for instance, at the death, or any relative, can give a certi-
ficate, can they not?—Under the Act of 1874 they can.

1860. And that protects you in giving your certificates?—Of course it
does.

1861. Then you think that if that law was altered and made more
stringent, and a certificate required in each case from a medical practi-
tioner, it would injure your position as a medical herbalist?—It will.

1862. In what way will it injure you?—It would cause many a one [not]
to come to us for any attendance or any medicine whatever, because they
would know, if death took place, we should not be able to give any certi-
ficate whatever, and they would be greatly afraid that if we gave a notifi-
cation there would be a coroner's inquest, and they dread that more than
anything.

1864. And if the public knew that you could not give a certificate of
death they would cease, you think, to come to you, because they would be
afraid, if they died while under your charge, that there would have to be a
medical inquiry or inquest by the coroner?—Yes, it would merely stamp
us out in that way.

1865. Then your evidence here, I understand, goes to this, that you con-
sider your craft in danger if the law be made more stringent with regard
to death certification?—We do.

1866. And you think that would be an evil to the public as well as for
your own body?—It would.

THE DISCRETION OF THE REGISTRARS.

The case of "Dr. Pleavin, U.S.A.," as he styles himself,
which we noticed only a few weeks ago, shows that the her-
balists are still giving these notifications, and even calling

them death certificates, and boldly claiming they have a right to give them, and boasting they have given them for many years past—fifteen or sixteen years in Mr. Pleavin's case. The most serious part of the matter is that the registrar in Birkenhead should have accepted them apparently without question. Their worthlessness is shown by the fact that he stated the cause of death to be "teething and convulsions," whereas the jury found that it was "marasmus due to improper and insufficient feeding, accelerated by exhaustion caused by mortification of the skin."

These recent cases clearly show that if coroners could and would follow the suggestion of the late Registrar-General and hold more inquests on uncertified cases, much of the irregular notification in lieu of genuine certification would be "stamped out," as Mr. Walden expressed it. But it is not easy to see how coroners are to hold these inquests if the registrars accept the notification and register the death on it, as the late Registrar-General seems to imply they were right in doing. Why does not the Registrar-General direct that all uncertified cases shall be reported to the coroner before being registered?

Of course the root of the trouble is that under the existing law the registrar is permitted to register a death not medically certified on such information as he can get from the friends or other persons about the deceased at the time of death, including of course an unqualified medical attendant. Indeed, the registrar is not only permitted but peremptorily required to do so, unless he takes the one alternative which is generally open to him—namely, to refer the case to the coroner. The registrar is under no statutory obligation to take this alternative course, but he is instructed by the Registrar-General to take it in certain cases—namely, where the death was a violent or sudden one or there is anything suspicious about it, and whenever the cause is said to be unknown.

The position of the registrar in regard to uncertified deaths is well put by the Select Committee:

He may legally take information on this point (the cause of death) from a person who has no real knowledge of the matter. He cannot, however, refuse to register a death, and it is no part of his duty to make any personal investigation of the facts of the case. Moreover, unless a case be reported to the coroner, there is no authority for delaying registration in order that inquiries may be made.

Well may the Committee say that much of the information so obtained must be "very far from trustworthy," and that, while in most cases the informant honestly describes the symptoms to the best of his powers, and the registrar tries honestly to fit a name to the symptoms, in other cases it is to be feared that the information given to the registrar "is not only untrue, but is known to be so by the informant. There appears to be nothing in the existing procedure to prevent a fictitious cause of death being assigned in case of a person who has been got rid of by foul play, and for a burial certificate to be issued upon registration of such information. In short, the existing procedure plays into the hands of the criminal classes."

It seems, therefore, that under the existing law the only way to secure that "uncertified deaths shall as a class cease to exist" is for the registrar to report every uncertified death to the coroner, and for the coroner to hold an inquest in every case so reported to him.

But short of this it would be a simple matter, apparently, for the Registrar-General to order all registrars to report all uncertified cases to the coroner, who, even when he does not feel justified in ordering an inquest, always makes some independent inquiry such as the registrar cannot possibly make. The knowledge that such inquiry would be made in every uncertified case, however plausible the qualified informant's statement might be, would be a very strong deterrent to would-be criminals, and a very strong inducement to patients to see that their medical attendants were properly qualified and registered.

Similar and even more marked effects would probably be produced on would-be criminals and patients if coroners would lay to heart and put in practice the suggestion of the Registrar-General contained in his letter (given above) of June 22nd, 1899, to the President of the General Medical Council, to hold more inquests than they now do in districts where the proportion of uncertified cases is large.

(To be continued.)

OUTBREAK OF DIPHTHERIA AMONG SCHOOL CHILDREN.

HISTORY OF THE OUTBREAK.

An outbreak of diphtheria has occurred recently in Cambridge and Chesterton, affecting a population of about 50,000. The first case was notified on October 14th; the last, up to the present time, on November 15th. In all there were 60 notifications distributed over the five weeks as follows:

Week ending	October 20th	...	3
"	" 27th	...	21
"	November 3rd	...	25
"	" 10th	...	9
"	" 17th	...	2
Total	...		60

Up to and including October 24th 12 persons were notified, and 4 of them died. Of the 12, 9 were children attending the infant department of a certain higher-grade school, 2 others were members of the family of a scholar, and the remaining case was a nurse in the hospital. The school was immediately closed.

On October 24th the medical officer of health, Dr. Anningson, asked for the assistance of the Pathological School of the University, and Professor Sims Woodhead was appointed consulting bacteriologist; and since that time Dr. Cobbett has taken charge of the important work of bacteriological examination, and of the prophylactic injection of antitoxin where no medical man was in attendance.

PREVENTIVE MEASURES.

The steps thereafter taken were as follows:

1. The infants attending the school were visited in their own homes by a staff of willing helpers, a bacteriological examination was made, and a prophylactic injection of antitoxin was offered to all these. This was accepted in the majority of cases. A supply of antitoxin and bacteriological examination was put at the disposal of all medical practitioners for their poorer patients, and this was notified to them in a circular by the medical officer of health. Four cases, the first of which could be directly traced to the above-mentioned school, having occurred in three other schools, these were closed, and the children attending them and their young brothers and sisters were examined bacteriologically and offered a preventive injection. Circulars were sent to the superintendents of the Sunday schools throughout the town, recommending the closure of their schools.

2. A home was opened for those children in whose mouths suspicious bacilli had been found, but who had shown no symptoms of the disease. To this home about thirty children who could not be satisfactorily isolated in their own homes were sent.

3. Circulars were sent to parents whose children had suffered from diphtheria pointing out how to aid in dealing with disinfection under the supervision of the medical officer of health. A letter enclosing the circular just mentioned was sent to the medical practitioners asking them to keep their patients and suspects under supervision until three consecutive bacteriological examinations giving negative results had been carried out.

RESULTS.

The efforts made by the Sanitary Authority to stop the spread of the disease met with the most cordial co-operation of the medical practitioners.

Immediately following the preventive use of antitoxin and the commencement of bacteriological examinations, there was an increase in the daily number of notifications, largely caused, no doubt, by the recognition of mild cases which might otherwise have escaped notification.

The largest number of daily notifications (9) was reached on October 30th, after which date they fell rapidly, 10 cases only having been notified in November.

The value of the preventive injections has been shown by the fact that only one slight case of diphtheria has occurred among those treated, many of whom were found to be harbouring the diphtheria bacillus at the time; while among the elder members of their families who had not been injected several cases occurred. No complaints of rashes, etc., have been heard from the parents of the injected children.